

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elsey Brittingham</i>		Town <i>near Berlin</i>		County <i>Worcester</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>4</i>		Years <i>—</i>	
Date of death		1909		Age		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Days <i>—</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Lena Mumford</i>					
Father's Name <i>Lena Mumford</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Brittingham</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Henry Brittingham</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>4 mos</i>
Immediate <i>Morassmes</i>	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>E. J. Holland</i>	
Address <i>Berlin, Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide	

PHYSICIAN
OR CORONER

to J. E.

Lycopersant—

Name
in
Full

Lee W. Buffington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near Berlin		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct.	1st	Age 34			
Sex		male		Color or Race		White	
Occupation		None		Where Residing if not at place of death		Phila. Pa.	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		L. H. Buffington		Father's Birthplace		Phila. Pa.	
Mother's Maiden Name		E. E. Everett		Mother's Birthplace		Phila. Pa.	
Name of person giving Information		Mrs. S. R. McFarlan		How related to deceased		Sister	

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	Dipsomania	How long	for years
Immediate	Poisoning wood alcohol	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. W. Dickinson	
		Address	
		Berlin Md.	
Accident or Suicide			

JMB

Phila 2

Name
in
Full

Lucinda Cottman

208
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke Town Worcester County MARYLAND

Date of death 1909 October 24 24 Age 49 49 Months 49 Days 49

Sex Female Color or Race Dark Birthplace Maryland

Occupation Housekeeper Where Residing if not at place of death Pocomoke Md

Married, Single or Widowed Married Name of Wife or Husband Gilbert Cottman

Father's Name George H Marshall Father's Birthplace Maryland

Mother's Maiden Name Scotbrough Fisher Mother's Birthplace Maryland

Name of person giving Information George Marshall Jr How related to deceased Son-Father

CAUSES OF DEATH

177

Primary No Physician

How long

Immediate Inquest by me

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

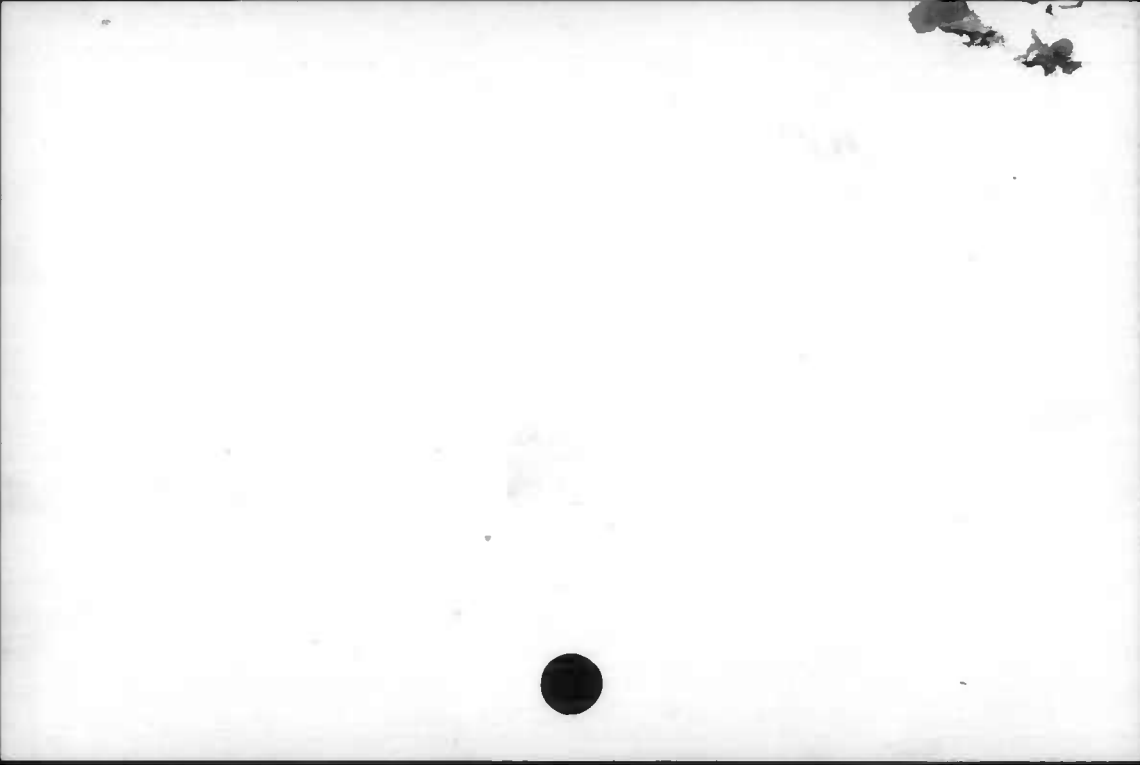
Address

Body swollen very
Bad

Accident or Suicide

Bad

John H. Hellman
Justice of the Peace
Aschy Coroner
Lucas Regan



Name
in
Full

Annie Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Saint Martins</u> ^{town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1909</u> ^{Month} <u>Oct</u> ^{Day} <u>2</u>		Age <u>2</u> ^{Years}		Months <u>2</u> Days <u>10</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u></u>		Where Residing if not at place of death <u>St Martins</u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u>Annie Bonarway</u>			
Father's Name <u>John W. Davis</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Annie Bonarway</u>		Mother's Birthplace <u>Delaware</u>			
Name of person giving Information <u>Miriam Bonarway</u>		How related to deceased <u>Grandmother</u>			

CAUSES OF DEATH

Primary <u>Gitis</u>	<u>123</u> ^{How long}
Immediate <u></u>	<u>3 months</u> ^{How long}

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Donald Synnace
Berlin

Address

Accident or Suicide

NotPHYSICIAN
OR CORONER

Berlin

Georgescu
Curtis

698

Name
in
Full

George W. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at <i>near Snow Hill</i>		County <i>Shorchester</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	27
Age		76		Months	
Sex	Male		Color or Race	Colored	
Occupation	Farmer		Birth place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Fisher	
Father's Name	Don't know		Father's Birthplace		
Mother's Maiden Name	Mary Allen		Mother's Birthplace	Maryland	
Name of person giving Information	Lewis Fisher		How related to deceased	Son	

CAUSES OF DEATH

Primary *Natural Causes*

How long

179

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

No Physician

Address

OK - Paul Jones

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

Florence Flower

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

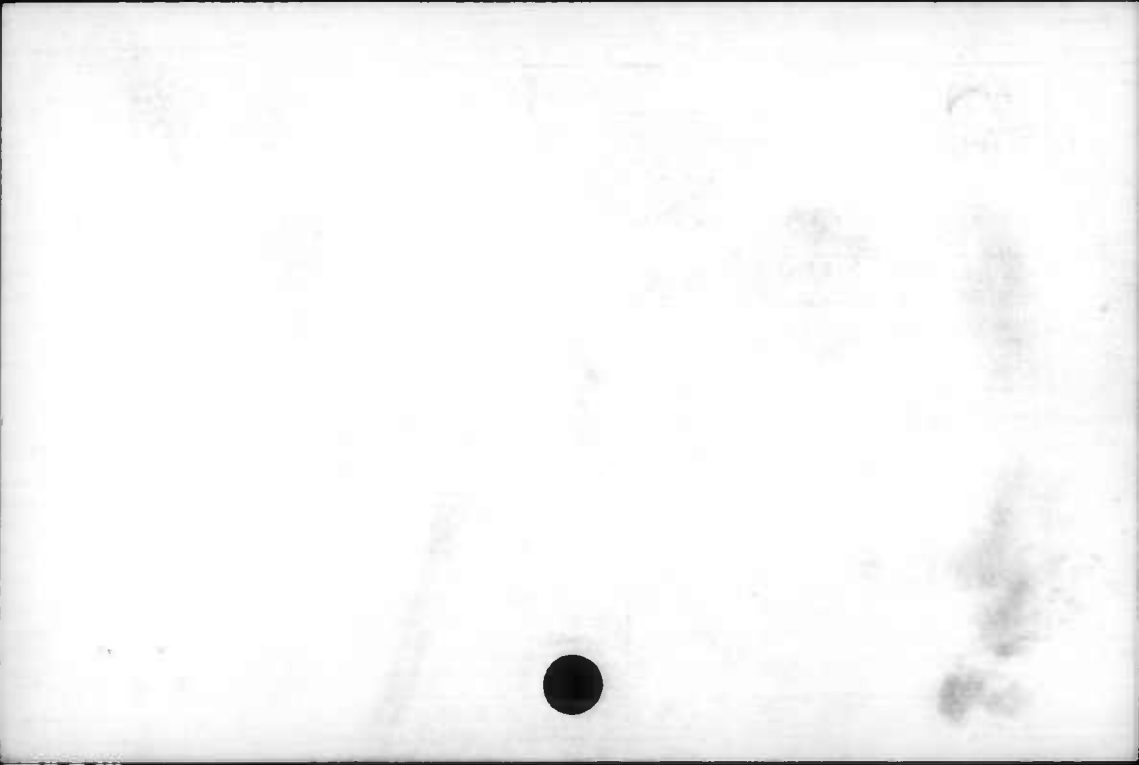
Died at		Town Snow Hill		County Baltimore		MARYLAND	
Date of death		190	Month 9	Day 7	Age	Years 80	Months —
Sex		Female		Color or Race		colored.	
Occupation		Cook		Birth- place		Na	
Married, Single or Widowed		Single		Where Residing if not at place of death			
Father's Name		dout - no		Name of Wife or Husband		dout - no	
Mother's Meiden Name		dout - no		Father's Birthplace		Dout Know	
Name of person giving Information		Miss Hattie Jones		Mother's Birthplace		Dout (Know)	
				How related to deceased		none	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Miasma	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Full Jones	
Address		Snow Hill	
Accident or Suicide		Md	
No			



Name
in
Full

CERTIFICATE OF DEATH

Name *Mr May E. Higgins*

Town

County

Died at

*Snow Hill**Worcester*

MARYLAND

Date

of death

1909

Month

Oct

Day

27

Years

Age

62

Months

Days

Sex

*Female*Color or
Race*white*Birth-
place*Easton*

Occupation

*Iron*Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of ~~Wife or~~
Husband*Char H Higgins*Father's
Name*John Henry*Father's
Birthplace*Easton*Mother's
Maiden Name*Elizabeth*Mother's
Birthplace*Snow Hill*Name of person giving
Information*E. R. Higgins*How related
to deceased*Son*

CAUSES OF DEATH

(47)

Primary

Rheumatism & Acute Bronchitis

How long

10 days

Immediate

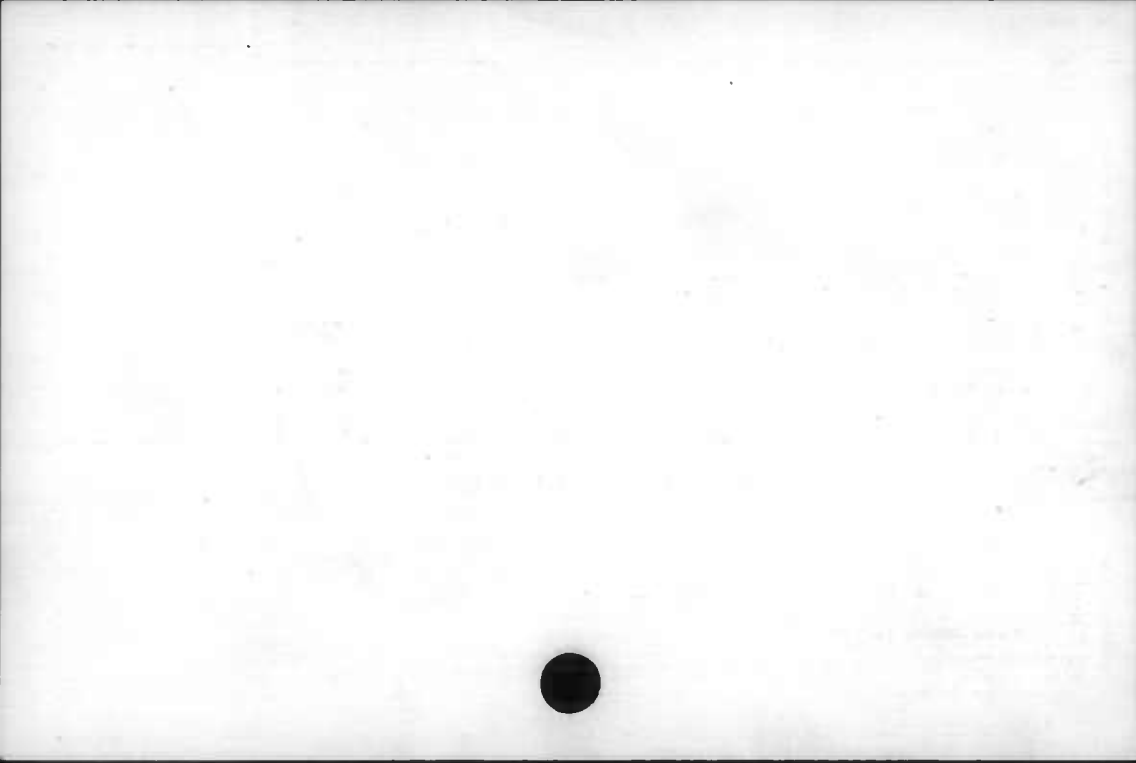
Heart Failure & Collapse

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. D. Strangely*

Address

Snow Hill. Md.~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at
Date of death

1909

Month

Feb

Day

17

Age

Years

9

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Near Berlin Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Knox

Father's
Birthplace

Near Berlin Md

Mother's
Maiden Name

Ella Gopher

Mother's
Birthplace

New Ark, Md

Name of person giving
Information

Jas. Knox

How related
to deceased

Father

CAUSES OF DEATH

Primary

Appendicitis & Peritonitis

How long

4 days

Immediate

Heart failure

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. A. Holland
Whaleyville
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Marie Foggie
Steen

204
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

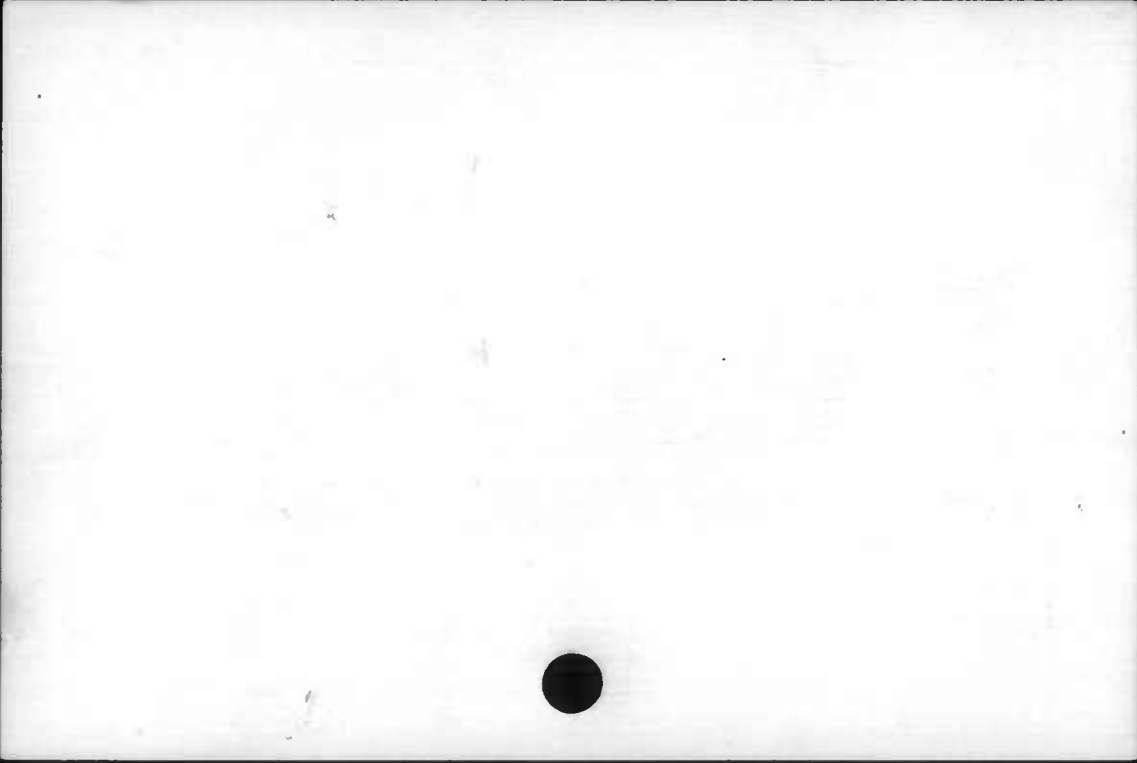
Died at <i>Pocomoke Md.</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1909	Month	Oct.	Day	15th
Age	27	Years	27	Months	—
Sex	Female	Color or Race	Wgn.	Birth-place	<i>Maryland</i> <i>McCombs Co. Md.</i>
Occupation	Hom.	Where Residing if not at place of death		Same	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Samuel Foggie</i>			Father's Birthplace	<i>Somerset Co. Md.</i>
Mother's Maiden Name	<i>Caroline Fields</i>			Mother's Birthplace	<i>Anne Arundel Co. Md.</i>
Name of person giving Information	<i>Ella Brown</i>			How related to deceased	<i>Aunt</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of lungs.</i>	How long	<i>2 1/2 yrs.</i>
Immediate	<i>Dyspnea & exhaustion.</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. C. J. Quinn</i>
Address	<i>Pocomoke Md.</i> <i>Worcester County</i>		
Accident or Suicide			



Name
in
Full

Brodder Marshace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

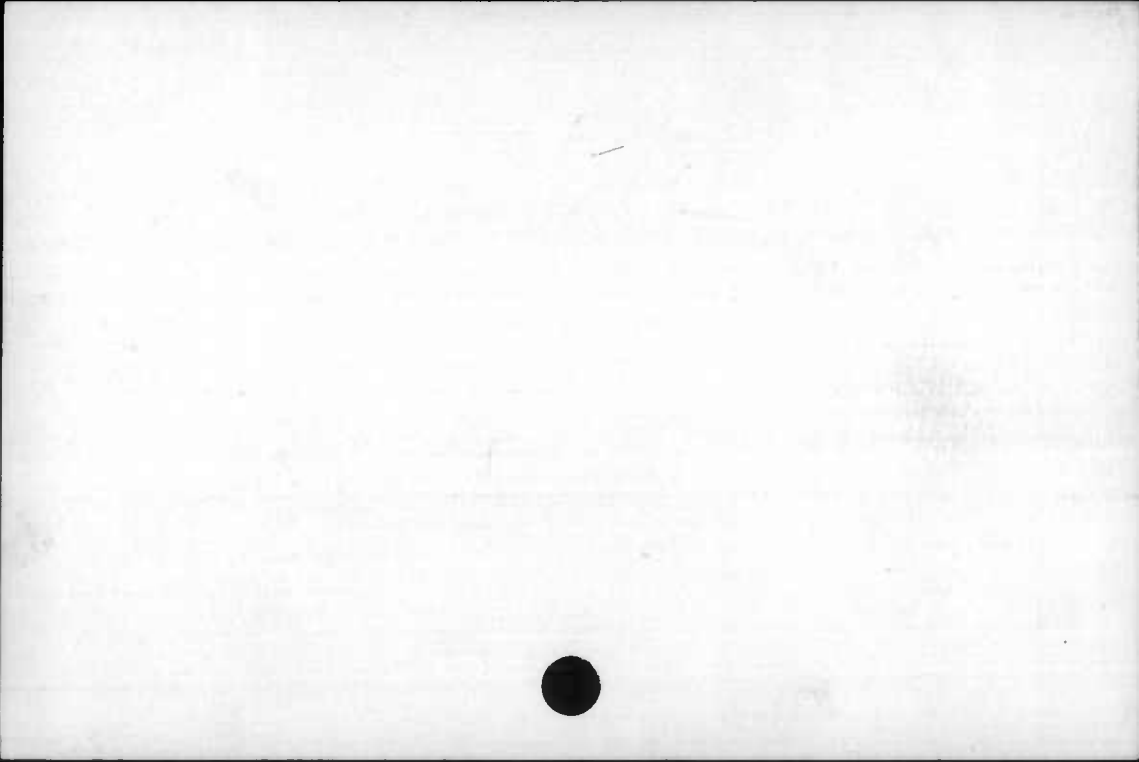
Died at <u>near Stockton Worcester</u>		Town <u>Stockton</u>		County <u>Worcester</u>		MARYLAND	
Date of death	1909	Month	10	Day	9	Age	1
Sex	Male	Color or Race	Black	Birth-place	Md		
Occupation	None		Where Residing if not at place of death		Md		
Single		Name of Wife or Husband					
Father's Name	Francis Marshace				Father's Birthplace	Va	
Mother's Maiden Name	Anna Collins				Mother's Birthplace	Md	
Name of person giving information	Francis Marshace				How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>No Doctor</u>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>M. O. Purness</u>	
		Address	<u>Stockton Md</u>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary E. Mills

Town County

Died at Stockton Worcester **MARYLAND**

Date of death 1909 Month 10 Day 8 Age 69 Years Months Days

Sex Female Color or Race Black Birth-place md

Occupation Laborer Where Residing if not at place of death md

☒ Single ☐ Widowed Name of Wife or Husband Irma Mills

Father's Name John Rowley Father's Birthplace md

Mother's Maiden Name Susan Hamlin Mother's Birthplace md

Name of person giving information John Mann How related to deceased Son

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary dont know Had no DoctorHow long O. K.

Immediate

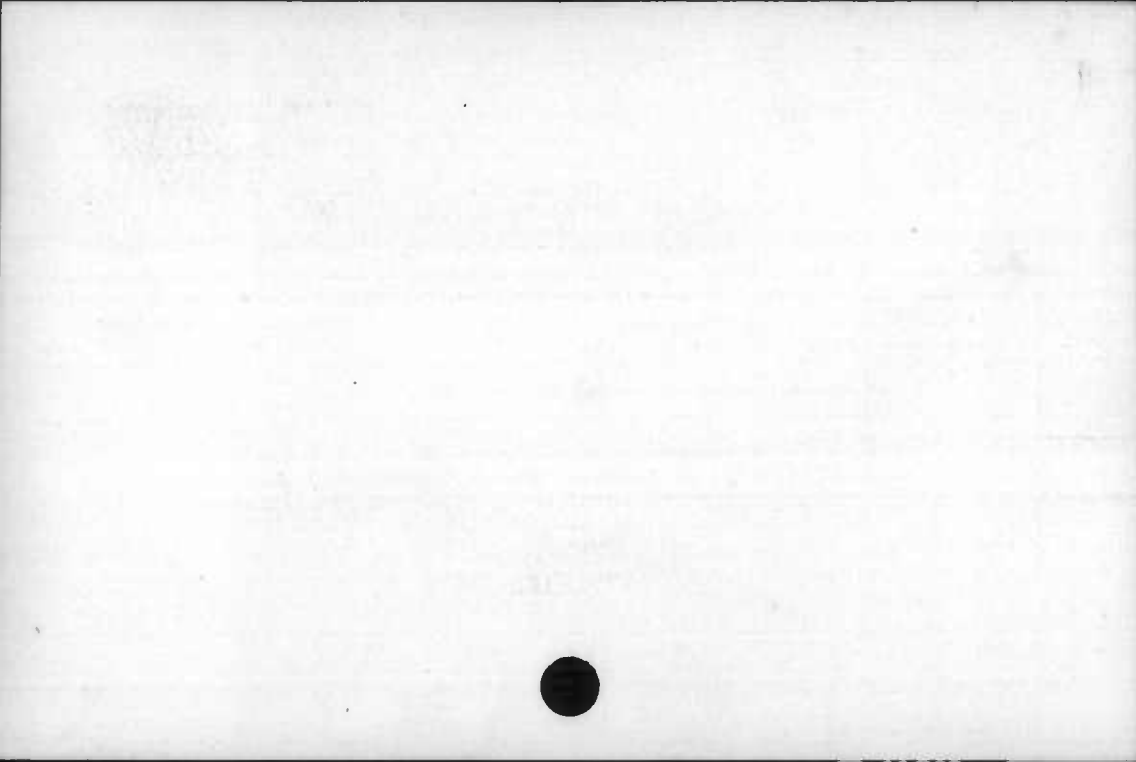
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. A. Payne

Address

Accident or Suicide?



Name
in Full

Thomas Pitts - child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bethesda Town Winchester County MARYLAND
Date of death 1909 Oct 9 Month 9 Day 9 Age 3 Years 3 Months 3 Days
Sex Male Color or Race Black Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____
Married, Single or ~~Widowed~~ _____ Name of Wife or Husband _____

Father's Name Thomas Pitts Father's Birthplace Maryland
Mother's Maiden Name Rachel Roberts Mother's Birthplace Maryland
Name of person giving Information Arnel Pitts How related to deceased Grandfather

CAUSES OF DEATH

Primary Unknown

179
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

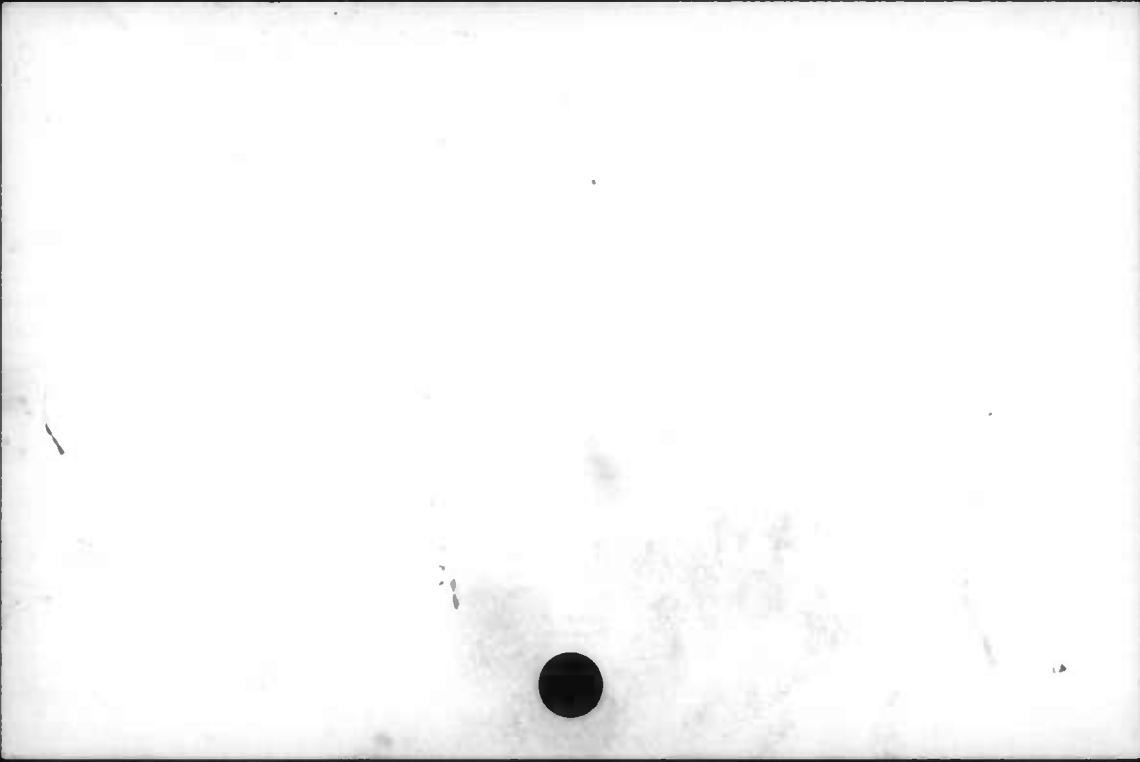
Yes

Signature of Physician

Address

C. J. Evans
Undertaker
Bethesda

O.K. D. A. Massey
J. B. W.



Name
in
Full

Miss Ida Rodney

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Near Berlin ^{County} Mor.Date of death 1909 ^{Month} Oct. ^{Day} 29 ^{Years} Age 22 ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Near BerlinOccupation Former Daughter ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Geo. T. Rodney

Father's Birthplace Near Berlin

Mother's Maiden Name Mary C. Birch

Mother's Birthplace Supplement

Name of person giving Information Geo. T. Rodney

How related to deceased Brother

CAUSES OF DEATH

Primary Choleliths Septicemia

Immediate Hemiplegia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

137

How long

How long

E. J. Hollan
Berlin
Md.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. W. B
Evergreen

Name
in
Full

A. W. Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin ^{Town} Worcester ^{County} MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 28 ^{Years} 64 ^{Months} 6 ^{Days} —

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband Lillie Scott

Father's Name William Scott Father's Birthplace Maryland

Mother's Maiden Name Mary Davis Mother's Birthplace Maryland

Name of person giving Information Lillie Scott How related to deceased Wife

CAUSES OF DEATH

79

Primary Injury of thorax

Immediate Heart failure

How long 6 months

How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

b. j. l. Berlin

Name
in
Full

203
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Good Hill* Town *Howard* County
Date of death *1909 Oct 12* Age *2* Months *-* Days *-*
Sex *male* Color or Race *white* Birth-place *Md.*
Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

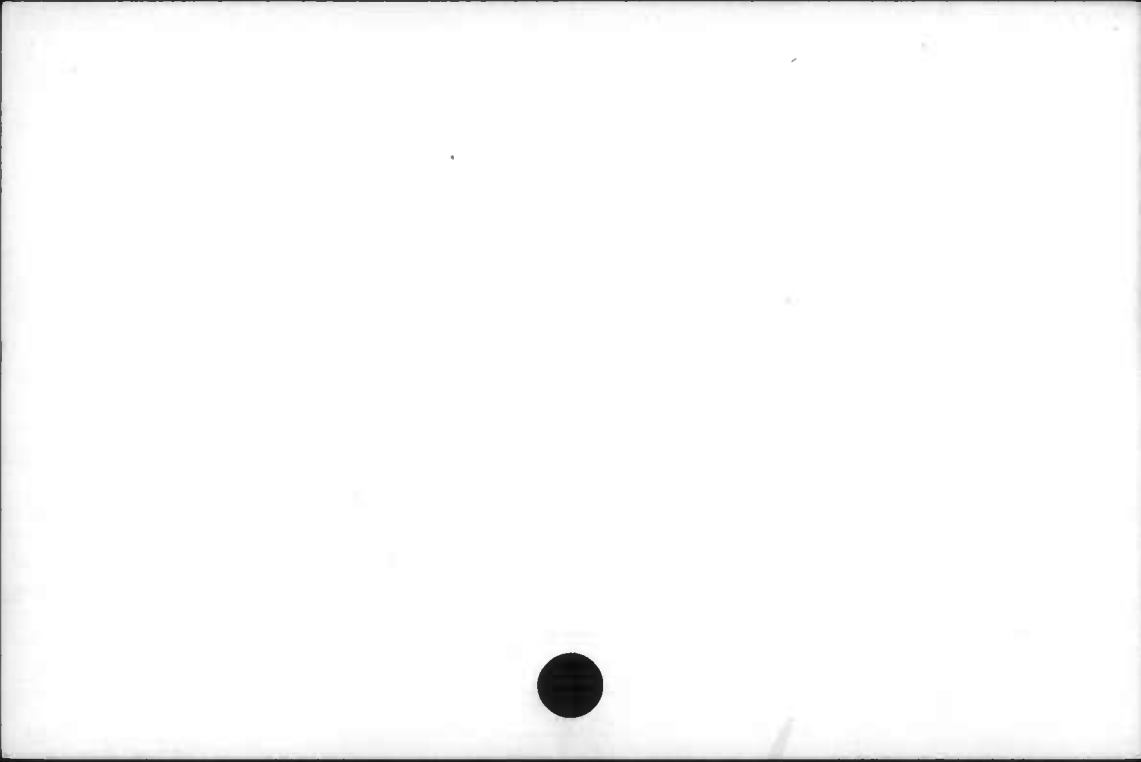
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Stinson

205

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

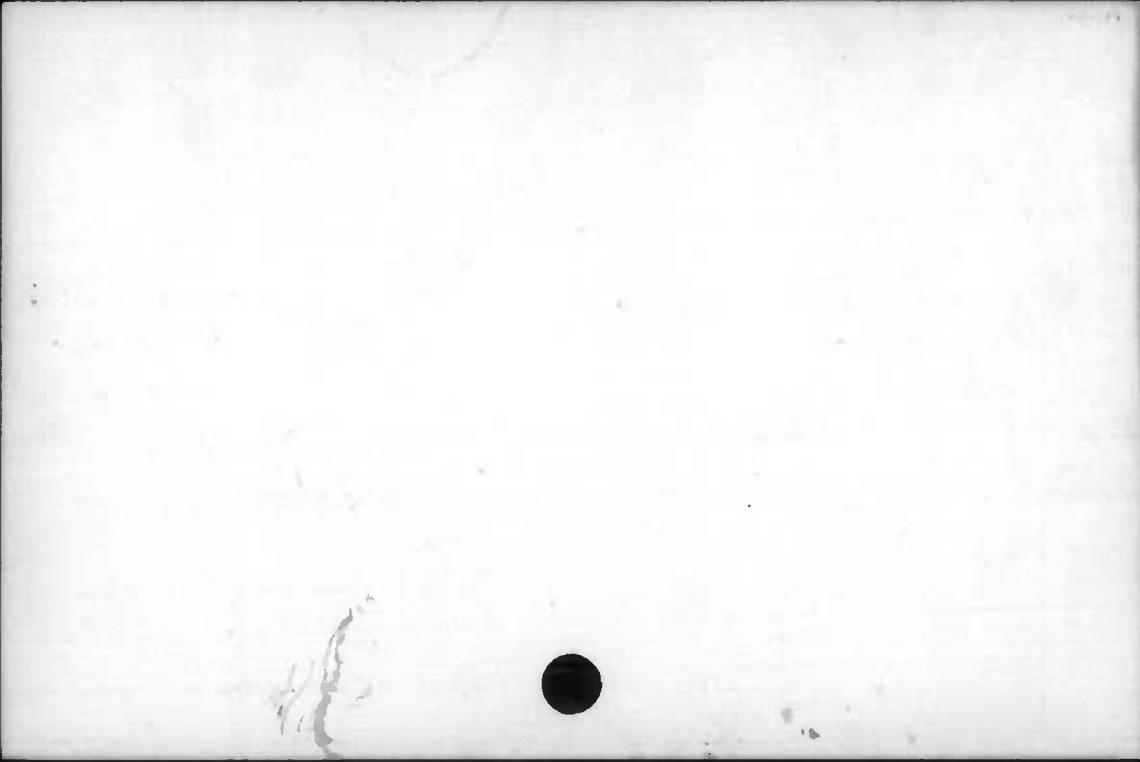
Died at <i>Pennock City</i>		County <i>Monroe</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	17
Age		Years		Months	Days
80					
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Birth-place	<i>Monroe Co. La</i>				
Occupation	<i>Domestic</i>		Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>James Stevenson</i>		
Father's Name	<i>Stephen Bram</i>			Father's Birthplace	<i>Monroe Co. La</i>
Mother's Maiden Name	<i>Rosa Boston</i>			Mother's Birthplace	<i>Monroe Co. La</i>
Name of person giving Information	<i>John Schofield</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Arterio-sclerosis</i>	How long	<i>several years</i>
Immediate	<i>Cerebral thrombosis</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Lee Hall</i>	
		Address <i>Pennock City, La</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Williams* Town *Bishop* County *Worcester*

Died at *Bishop #2* *Worcester* **MARYLAND**

Date of death 1909 *Oct* 8 *8* Age *57*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Hammer* Where Residing if not at place of death *at Home*

Married, Single or Widowed *Widower* Name of Wife or Husband *Emanua Powell*

Father's Name *John Williams* Father's Birthplace *Maryland*

Mother's Maiden Name *Nancy Campbell* Mother's Birthplace *Maryland*

Name of person giving Information *Mary P Davis* How related to deceased *Niece*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* How long *3 to 4 yrs.*

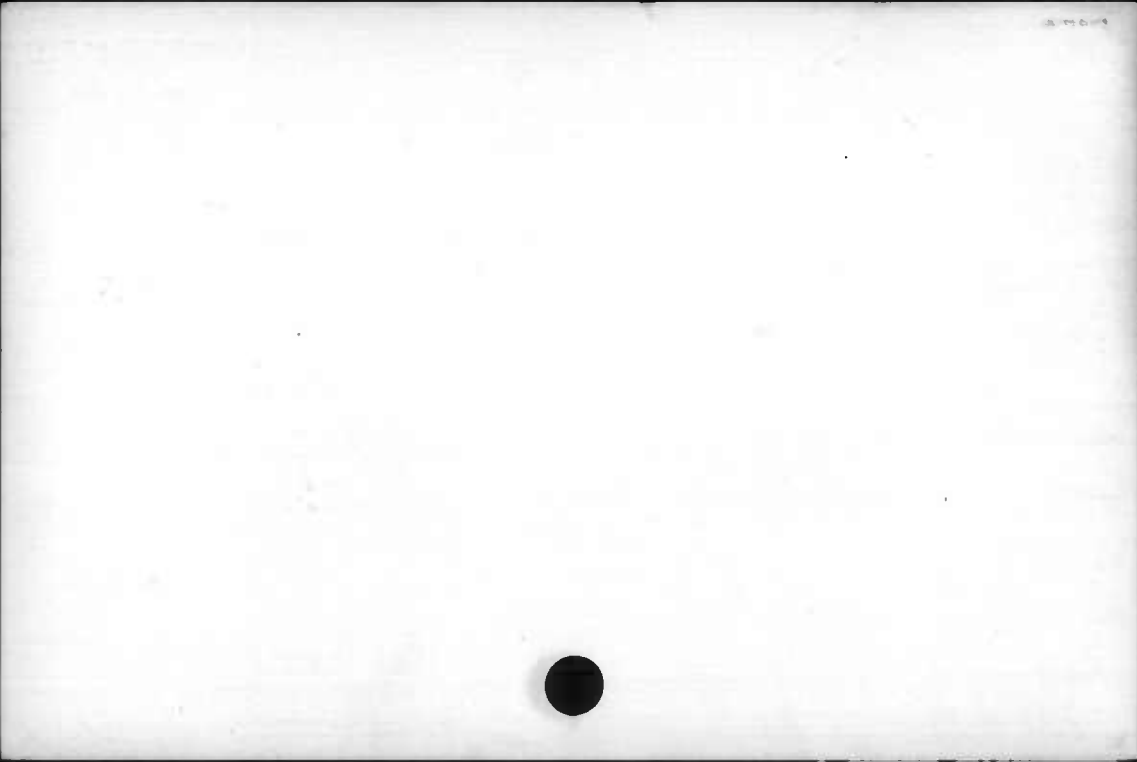
Immediate *Pulmonary edema* How long *3 da*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J P Bishop*

Address *Sumner - Md.*

Accident or Suicide *Accident*



Name
in
Full

202
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Wilson
Town

Died at *Pocomoke city*

Worcester
County

MARYLAND

Date of death 1909 Oct

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pocomoke city

Occupation

Infant

Where Residing if not
at place of death

11

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James Wilson

Father's
Birthplace

Worcester Co

Mother's
Meiden Name

Hatter Gibbons

Mother's
Birthplace

Somerset Co

Name of person giving
Information

Martha Gibbons

How related
to deceased

Sr Mother

CAUSES OF DEATH

Primary

Malariat Fever

How long

3 days

Immediate

Cerebral Congestion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Samuel S. Linn

Address

Pocomoke city, Md

Accident or Suicide

PHYSICIAN
OR CORONER

